#### **SUPPLEMENTAL APPLICATION DATA SHEET**

## **Application Information**

Application number::	10/582,705
Filing Date::	<u>June 12, 2006</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	Listing
Number of CD disks::	3
Number of copies of CDs::	3
Sequence submission?::	CD
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title ::	METHOD AND NUCLEIC ACIDS FOR THE IMPROVED TREATMENT OF BREAST CELL PROLIFERATIVE DISORDERS
Attorney Docket Number::	47675-198
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	110
Small Entity?::	Yes
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	No

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No **First Applicant Information** Applicant Authority Type:: Inventor NL Primary Citizenship Country:: Status:: Full capacity Given Name:: John Middle Name:: Foekens Family Name:: Name Suffix:: Rotterdam City of Residence:: State or Province of Residence:: NL Country of Residence:: Filosefentuin 35 Street of mailing address:: Rotterdam City of mailing address:: State or Province of mailing address:: NL Country of mailing address:: Postal or Zip Code of mailing address:: NL-2908 XA **Second Applicant Information** Applicant Authority Type:: Inventor DE Primary Citizenship Country:: Status:: Full capacity Given Name:: Nadia Middle Name::

Family Name::

Name Suffix::

Harbeck

City of Residence:: Offerfing State or Province of Residence:: DE Country of Residence:: Palnkamer Str. 49 Street of mailing address:: Offerfing City of mailing address:: State or Province of mailing address:: Country of mailing address:: DE Postal or Zip Code of mailing address:: 83624 **Third Applicant Information** Applicant Authority Type:: Inventor DE Primary Citizenship Country:: Status:: Full capacity Given Name:: Thomas Middle Name:: Family Name:: Koenig Name Suffix:: City of Residence:: Berlin State or Province of Residence:: Country of Residence:: DE Street of mailing address:: Skalitzer Strasse 18 City of mailing address:: Berlin State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

DE

10999

## **Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Sabine
Middle Name::	
Family Name::	Maier
Name Suffix::	
City of Residence::	<u>Brussels</u>
State or Province of Residence::	
Country of Residence::	<u>BE</u>
Street of mailing address::	Rue d'Espagne 93
City of mailing address::	Brussels
State or Province of mailing address::	
Country of mailing address::	<u>BE</u>
Postal or Zip Code of mailing address::	<u>1060</u>
Fifth Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	NL
Status::	Full capacity
Given Name::	John
Middle Name::	
Family Name::	Martens
Name Suffix::	
City of Residence::	Rotterdam

State or Province of Residence:: NL Country of Residence:: Street of mailing address:: Schiekade 121 h City of mailing address:: Rotterdam State or Province of mailing address:: NL Country of mailing address:: Postal or Zip Code of mailing address:: NL-3033 BK **Sixth Applicant Information** Applicant Authority Type:: Inventor Primary Citizenship Country:: DE Status:: Full capacity Fabian Given Name:: Middle Name:: Model Family Name:: Name Suffix:: Berlin City of Residence:: State or Province of Residence:: DE Country of Residence:: Street of mailing address:: Debenzerstr. 73 City of mailing address:: Berlin State or Province of mailing address:: DE Country of mailing address:: Postal or Zip Code of mailing address:: 12683

## **Seventh Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Inko
Middle Name::	
Family Name::	Nimmrich
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Heinz-Kapelle-Str. 9
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10407
Eighth Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Manfred
Middle Name::	
Family Name::	Schmitt
Name Suffix::	
City of Residence::	Munich
State or Province of Residence::	

Country of Residence:: DE

Street of mailing address:: Hohenaschauer Str. 10

City of mailing address:: Munich

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 81669

#### **Ninth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: DE

Status:: Full capacity

Given Name:: Ralf

Middle Name::

Family Name:: Lesche

Name Suffix::

City of Residence:: Berlin

State or Province of Residence::

Country of Residence:: DE

Street of mailing address:: Platanenstrasse 89A

City of mailing address:: Berlin

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 13156

## **Tenth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Dimo
Middle Name::	
Family Name::	Dietrich
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Greifenhagenerstrasse 39
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10437
Eleventh Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Volkmar
Middle Name::	Volkilla
Family Name::	Mueller
Name Suffix::	
City of Residence::	Hamburg

State or Province of Residence:: DE Country of Residence:: Street of mailing address:: Dept. Genecology, University Medical Center, Hamburg-Eppendorf, Martinistrasse 52 City of mailing address:: Hamburg State or Province of mailing address:: Country of mailing address:: DE Postal or Zip Code of mailing address:: 20246 **Twelfth Applicant Information** Applicant Authority Type:: Inventor Primary Citizenship Country:: DE Status:: Full capacity Given Name:: Antje Middle Name:: Kluth Family Name:: Name Suffix:: City of Residence:: Wentorf State or Province of Residence:: DE Country of Residence:: Street of mailing address:: Bergedorfer Weg 52 City of mailing address:: <u>Wentorf</u> State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

DE

21465

## **Thirteenth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Ina
Middle Name::	
Family Name::	Schwope
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Islaendische Str. 16
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	10439
Fourteenth Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Oliver
Middle Name::	
Family Name::	Hartmann
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 10435

#### **Fifteenth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full capacity

Given Name:: Peter

Middle Name::

Family Name:: Adorjan

Name Suffix::

City of Residence:: Berlin

State or Province of Residence::

Country of Residence:: DE

Street of mailing address:: Dunckerstr. 4

City of mailing address:: Berlin

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 10437

## **Sixteenth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	DE
Status::	Full capacity
Given Name::	Almuth
Middle Name::	
Family Name::	Marx
Name Suffix::	
City of Residence::	Nuernberg
State or Province of Residence::	
Country of Residence::	DE
Street of mailing address::	Viatisstrasse 88
City of mailing address::	Nuernberg
State or Province of mailing address::	
Country of mailing address::	DE
Postal or Zip Code of mailing address::	90480
Seventeenth Applicant Information	
Applicant Authority Type::	
Applicant Authority Type	I.a., . a. a. I.a., .
Primary Citizenship Country	Inventor
Primary Citizenship Country::	AT
Status::	AT Full capacity
Status:: Given Name::	AT
Status:: Given Name:: Middle Name::	AT Full capacity Heinz
Status:: Given Name:: Middle Name:: Family Name::	AT Full capacity
Status:: Given Name:: Middle Name:: Family Name:: Name Suffix::	AT Full capacity Heinz Hoefler
Status:: Given Name:: Middle Name:: Family Name::	AT Full capacity Heinz

Representative Customer Number::	22504
Representative Information	
E-Mail address::	
Fax Number:	
Phone number::	
Postal or Zip Code of mailing address::	
Country of mailing address::	
State or Province of mailing address::	
City of mailing address::	
Street of mailing address::	
Name::	
Correspondence Customer Number::	22504
Correspondence Information	
Postal or Zip Code of mailing address::	81675
Country of mailing address::	DE
State or Province of mailing address::	
City of mailing address::	Munich
Street of mailing address::	Ismaningerstrasse 64
Country of Residence::	DE

## **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP04/014170	<u>12/13/04</u>

## **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EP	3090432 <u>.0</u>	12/11/03	Yes
EP	4090041 <u>.7</u>	02/10/04	Yes
EP	4090127.4	04/01/04	Yes
EP	4013328.2	06/05/04	Yes
EP	4090380.9	09/30/04	Yes
EP	4027213 <u>.0</u>	11/16/04	Yes

# **Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	